

**NARRATIVE INFORMATION SHEET
EPA FY 2021 BROWNFIELD MULTIPURPOSE GRANT PROGRAM**

1. Applicant Identification
Community Health Center of Richmond, Inc.
439 Port Richmond Avenue
Staten Island, New York 10302
2. Funding Requested
 - a. Grant Type – Multipurpose
 - b. \$799,598.00
3. Location
Staten Island, Richmond County, New York
4. Contacts
 - a. Project Director
Dr. Henry Thompson, FACHE
Chief Executive Officer
Community Health Center of Richmond, Inc.
439 Port Richmond Avenue
Staten Island, NY 10302
Phone Number: (718) 924-2254
Email Address: htompson@chcrichmond.org
 - b. Chief Executive/Highest Ranking Official
Dr. Henry Thompson, FACHE
Chief Executive Officer
Community Health Center of Richmond, Inc.
439 Port Richmond Avenue
Staten Island, NY 10302
Phone Number: (718) 924-2254
Email Address: htompson@chcrichmond.org
5. Population (of the city/town in which the project is located)
Staten Island, New York
468,730 pop. (U.S. Census Bureau, 2010). Retrieved at www.census.gov.

6. Other Factors Checklist

Other Factors	Page #
The reuse of the priority site will facilitate renewable energy from wind, solar, or geothermal energy; or will incorporate energy efficiency measures.	3
At least 20% of the overall project budget will be spent on eligible site reuse or area-wide planning activities for priority brownfield site within the target area.	10

The following statements are true to the best of our knowledge and not applicable to the Community Health Center of Richmond's proposed project:

The Community population is NOT 10,000 or less.

The Community Health Center of Richmond is NOT, or will NOT assist, a federally recognized Indian tribe or United States territory.

The priority brownfield site is NOT impacted by mine-scarred land.

The priority site is NOT in a federally designated flood plain.

The priority site is NOT adjacent to a body of water.

7. Letter from the New York State Department of Environmental Conservation, Division of Environmental Remediation, Bureau of Program Management

See attached letter dated October 27, 2020.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Remediation, Bureau of Program Management
625 Broadway, 12th Floor, Albany, NY 12233-7012
P: (518) 402-9764 | F: (518) 402-9722
www.dec.ny.gov

October 27, 2020

Dr. Henry Thompson
FACHE, Chief Executive Officer
Community Health Center of Richmond, Inc.
439 Port Richmond Avenue
Staten Island, NY 10302



Dear Dr. Thompson:

This is to acknowledge that the New York State Department of Environmental Conservation (DEC) received a request from the Community Health Center of Richmond, Inc., dated October 23, 2020, for a state acknowledgement letter for a Federal Year 2021 United States Environmental Protection Agency (USEPA) Brownfields grant.

I understand that the Community Health Center of Richmond, Inc. plans to submit a Brownfield Multipurpose grant application in the amount of \$798,598. Focus of funding will be to conduct supplemental investigations, a Phase II Environmental Site Assessment, and remediation activities for known petroleum contamination at a spill site located at 17 Grove Avenue, Staten Island, NY 10302. Funding will also be allocated to conduct inventory characterization and for associated planning (including reuse and/or remediation planning) and community involvement activities.

DEC encourages initiatives to redevelop brownfields with the goal of mitigating any environmental and health impacts that they might pose.

Sincerely,

Bernadette Anderson
Chief, Policy and Planning Section
Bureau of Program Management

cc: T. Wesley, USEPA Region 2
A. Devine, USEPA Region 2
G. Burke, DEC Albany
J. O'Connell, DEC Region 2
R. Austin, DEC Region 2



Department of
Environmental
Conservation

1. PROJECT AREA DESCRIPTION AND PLANS FOR REVITALIZATION

a. Target Area and Brownfields

The Community Health Center of Richmond, Inc. (CHCR) is proposing to use Brownfield Multipurpose Grant funding to conduct an assessment, cleanup, and reuse of a site located at 17 Grove Avenue (Block 1073, Lot 1) in Staten Island, New York. Upon remediation, CHCR will construct a new ground-up community health center facility that will be licensed under Article 28 of the New York Public Health Law, to expand access to safety net healthcare services.

i. Background and Description of Target Area

The 17 Grove Avenue site is located in the Port Richmond area of the North Shore of Staten Island, one of New York City's five boroughs. In 2009, the EPA named the North Shore of Staten Island an Environmental Justice Showcase Community, one of just ten in the country. The North Shore has the highest rates of poverty, environmental contamination, vacant buildings, health issues related to environment and diet and incidences of crime in the entire borough. The North Shore is home to many underserved populations, including a multitude of immigrant populations and a disproportionate number of Staten Island's medically uninsured. Although CHCR's proposed health center site will be located in Port Richmond, we will draw patients from all of the underserved areas in the North Shore.

The Port Richmond area is dominated by one and two-family residential development, with a concentration of commercial/office, mixed commercial/residential and public facilities along Port Richmond Avenue. According to *North Shore 2030* (a report published jointly by the New York City Economic Development Corporation and the New York City Department of City Planning, 2011), Port Richmond is one of the oldest neighborhoods on Staten Island and was once known as its "Fifth Avenue". Despite a now-struggling retail district due to changing commuter patterns and shopping mall development, Port Richmond Avenue retains a main street character with pedestrian-friendly streets, historic buildings, and immigrant-run businesses. *North Shore 2030* identifies the need to remediate several brownfield sites in the area and establishes a goal of a vibrant, working waterfront, a reactivated retail corridor on Port Richmond Avenue, a revitalized multi-use waterfront destination, a new waterfront public access point, creation of paths for pedestrian/cycling, and expanded transit options. Specific recommendations of this report include encouraging remediation and redevelopment of brownfield sites with mixed commercial and light industrial uses and promoting job development through recruitment of new businesses.

ii. Description of the Priority Brownfield Site(s)

The Grove Avenue property has been vacant since the 1950s and was acquired by CHCR in July 2015 for \$2,275,000. The Grove Avenue property is a brownfield as defined by Spill No. 1502514, assigned by the New York State Department of Environmental Conservation (NYSDEC), currently vacant, and was previously used as a municipal parking lot located within a short distance from the abandoned North Shore Rail Branch previously operated by the Staten Island Railway. Upon remediation, this property will be developed into a 27,000 square foot non-profit community health center, along with site improvements. The Grove Avenue property is identified as one of six Strategic Development Sites within the *Port Richmond – Mariners Harbor Brownfield Opportunity Area Report* (Northfield Local Development Corporation of Staten Island, 2019).

As part of CHCR's environmental due diligence prior to the final land closing to establish site control, CHCR completed a Phase I Environmental Site Assessment (March 2015), a Geotechnical Investigation Report (April 2015), and a Phase II Environmental Site Assessment (June 2015). After acquisition, CHCR held meetings with the New York City Mayor's Office of Environmental Remediation (OER) for coordination with the New York City's Brownfield Cleanup Program. CHCR completed its Remedial Investigation Work Plan (RIWP) in October 2016, and was approved by the NYSDEC's Division of Environmental Remediation, Spill Response Program in December 2016. After implementing OER's comments to the RIWP's sampling plan, our RIWP was accepted by OER in March 2017. CHCR's enrollment in the New York City's Voluntary Cleanup Program was approved in July 2018. Also, the Dormitory Authority of the State of New York completed a thorough environmental impact assessment of the 17 Grove Avenue site in accordance with regulations established by the State Environmental Quality Review Act (SEQR), and provided its approval for CHCR in October 2019.

The contamination on the site complicates its redevelopment in that a large volume of soil will require excavation and off-site disposal prior to building construction. In addition, subsurface soils at the site contain historic fill structurally unsuitable for the proposed construction. The existence of the apparent water table approximately 5 feet below grade will require dewatering of contaminated groundwater during development. Finally, the presence of Volatile Organic Compounds (VOCs) may necessitate installation of an active vapor mitigation system to support building construction.

b. Revitalization of the Target Area

i. Overall Plan for Revitalization

CHCR's proposal for the redevelopment of the vacant brownfield at 17 Grove Avenue is a critical step forward for the overall community development process. By creating a health center facility at this strategic location, CHCR will bring much needed real estate and public health investment to a neighborhood that has been chronically underserved. For decades, Port Richmond has been confronted with issues of inequality related to environmental justice, real estate investment, economic development, employment, and equitable health care access.

17 Grove Avenue is a large vacant site adjacent to the Port Richmond Avenue commercial corridor. Once a thriving middle class shopping and residential section supported by proximate industrial and maritime uses, the area struggled to compete with big box retail, the impacts of white flight and suburbanization, and the long history of environmental contamination at sites such as 17 Grove Avenue. Due to poor transit, limited affordable housing, a lack of investment, limited services, and poor job access, the area has been challenged to reach the economic and social equity enjoyed by the rest of Staten Island. This project has the opportunity to improve a compromised site, activate the location through real estate investment and construction, create new jobs along the corridor and improve health access for marginalized residents – primarily recent immigrants and communities of color.

In terms of an overall revitalization strategy, 17 Grove Avenue is within the New York State designated Port Richmond Brownfield Opportunity Area (BOA). In addition, the area has been included in various master planning documents including the *North Shore 2030 Plan* and the

Staten Island Comprehensive Economic Development Strategy 2020 Report prepared by the Staten Island Economic Development Corporation, funded by a federal Comprehensive Economic Development Strategy grant. A number of the recommendations from these studies can be advanced by this project and are described below.

ii. Outcomes and Benefits of Overall Plan for Revitalization

17 Grove Avenue's location within the Port Richmond BOA makes it a critically important investment node for overall community benefit. The proposed plan will achieve goals included in the master plans listed directly above, including:

Local Employment/Hiring: As detailed in Community Need, below, Port Richmond has suffered from significant poverty since the transition in the 1980s from white working class families to minority and immigrant residents. In order to overcome this inequity, projects such as 17 Grove Avenue will offer new local employment opportunities for residents and enhance job access.

Greater Economic Diversity: The area was once home to a number of diverse retailers, restaurants and services. Today, the commercial vacancy rate is over 25%, the highest in Staten Island. By activating vacant sites (especially those challenged by environmental constraints), there will be greater encouragement of economic diversity in retail, restaurants and services.

Increased Investment in the Neighborhood including Catalytic Development Projects: 17 Grove Avenue will showcase the ability for private developers to work with government to plan, fund and construct projects in the area. Investor interest in Port Richmond is currently very low due to a lack of successful projects in recent years. This project can serve as a vanguard for positive, community-driven development and investment.

Leveraging Funding: Staten Island has long been underfunded by government. As of 2019, less than 1% of all city contract dollars for capital improvements and public infrastructure was allocated to Staten Island. CHCR's strategy for leveraging funding is detailed in section c, below.

Increased Access to Healthcare: CHCR has a long history of providing healthcare in the North Shore. As detailed in Community Need, below, a great demand remains for safety net services.

Finally, the development at 17 Grove Avenue has the potential to enhance existing yet stalled proposals for the overall growth and improvement of the community. This includes expanded food security resources, public open space such as the Staten Island Skyway elevated urban park, increasing affordable housing construction, and public transit improvements.

Opportunity Zone Impact: CHCR's proposed project will help spur economic growth within Opportunity Zones. Within the North Shore, Census Tracts 207, 319.02, 223, 133.01, 7, 3, 11, and 21 are designated as Federal Opportunity Zones.

Renewable Energy/Energy Efficiency: In accordance with the New York City Building Code's green roof and solar requirements for new buildings, the design and construction plan of CHCR's new health center facility will include solar panels, a green roof, or a combination thereof, as

well as the use of energy efficient windows, HVAC and MEP systems, lighting, and appliances (such as refrigerators). Based on the site conditions, we will install ground source heat pump systems (geothermal energy) in consultation with the New York State Energy Research and Development Authority. We will also use durable construction materials.

c. Strategy for Leveraging Resources

i. Resources Needed for Site Reuse

CHCR is eligible to apply for various grants available through the NYC Brownfield Incentive Grant (BIG) Program for the property located at 17 Grove Avenue. The NYC Office of Environmental Remediation (OER) awards incentive cleanup grants. CHCR's proposed project is eligible for a \$50,000 cleanup grant as well as a \$25,000 Place-Based Community Brownfield Planning (CBP) Grant intended to help community-based nonprofits break ground on their projects. A third bonus grant of \$10,000 is available due to the Grove Avenue site's status as a Brownfield Opportunity Area. CHCR has obtained \$6 million in funding from the New York State Department of Health under the Statewide Health Care Facility Transformation Program Phase II, to construct the new health center to be located at 17 Grove Avenue. Construction will begin following remediation of the site. The remaining \$9 million in construction costs will be covered by new market tax credits. CHCR will also continue to seek grants from state, federal, and local agencies, and private sources to support overall project development.

ii. Use of Existing Infrastructure

The 17 Grove Avenue site is located on a corner lot with existing roads. There are already water and sewer lines; the new health center will need to be connected to these sources. The existing parking lot is contaminated and will need to be completely removed, cleaned up, and repaved. New sidewalks will be installed, and existing fire hydrants will need to be relocated (specific details will not be available until the construction documents are complete) in coordination with regulatory agencies that have jurisdiction over the project, including the New York City Department of Buildings, the New York City Fire Department, the New York City Department of Environmental Protection, the New York City Department of Transportation, and other agencies. Funding for these infrastructure needs is incorporated into our overall \$15 million construction project budget (funding for the facility construction is detailed directly above).

2. COMMUNITY NEED AND COMMUNITY ENGAGEMENT

a. Community Need

i. The Community's Need for Funding

CHCR is proposing to use Multipurpose funding to assess and remediate contamination of a brownfield site. Upon completion of cleanup activities, CHCR will construct a new Federally Qualified Health Center (FQHC) site. As FQHCs provide services to all people, regardless of inability to pay, the proposed project will fill the need for affordable, accessible, and culturally/linguistically appropriate health care for underserved populations in a distressed area of Staten Island. The new FQHC site will also stimulate economic growth through jobs creation.

The proposed site is located in Port Richmond, within the North Shore of Staten Island. The North Shore has the highest rates of poverty in the area. According to US Census data (2018) one third (33.4%) of North Shore residents are living at or below 200% of the Federal Poverty Level (FPL). Comparatively, 24.3% of Staten Island residents are living at or below 200% of the FPL.

ii. Threats to Sensitive Populations

(1) Health or Welfare of Sensitive Populations

The North Shore is home to significant minority populations, as well as many immigrants and those who do not speak English. Among North Shore residents, 58.7% represent a racial or ethnic minority, compared to 38.3% of the population of Staten Island overall. The North Shore has more than double the percent of Black residents compared to Staten Island overall (21.9% for the North Shore, 10.3% for Staten Island). In the North Shore, 27.4% of residents are Hispanic, compared to 18.4% for Staten Island overall (US Census, 2018 ACS 5-Year Estimates).

According to the US Census (2018 ACS 5-Year Estimates), 8.6% of households in the North Shore have limited English proficiency (LEP), compared to 6.3% of households in Staten Island overall. In some North Shore neighborhoods, more than 10% of households have LEP. Racial and ethnic health disparities are prominent throughout the North Shore. The high percentage of minority populations and non-English speakers in the service area indicate a need for culturally and linguistically competent health care. Through our existing sites, CHCR has fourteen years of experience providing culturally and linguistically competent health care services for the North Shore community, and has extensive knowledge of the unique needs of this population.

(2) Greater Than Normal Incidence of Disease and Adverse Health Conditions

Residents of the North Shore experience multiple barriers to accessing health services, including a shortage of providers willing to care for the uninsured/publicly insured, high rates of poverty, high rates of uninsured residents, high percentage of minorities and those that do not speak English, and lack of available culturally competent health care services. The North Shore's shortage of providers is evidenced through multiple federally designated Health Professional Shortage Areas (HPSA) within the community. A portion of the North Shore is also federally designated as a Medically Underserved Area (MUA).

According to the US Census (2018 ACS 5-Year Estimates), 6.2% of all North Shore residents are uninsured, compared to 4.5% of Staten Island overall. Uninsured rates are even higher among low income residents of the North Shore; the low income uninsured rate is as high as 60.5% in one North Shore neighborhood. Nearly one quarter (23.4%) of North Shore residents are covered by Medicaid, compared to 17.0% of Staten Island residents overall (US Census, 2018). Few private providers in the area will accept Medicaid or offer a sliding fee scale for the uninsured, limiting access to care for low income individuals. These barriers to care experienced by North Shore individuals are contributing to poor health outcomes and health disparities associated with diseases and conditions that may be associated with exposure to hazardous substances, pollutants, contaminants, or petroleum. This includes¹:

Cancer: The age-adjusted cancer incidence rate (per 100,000) is 524.7 for Staten Island, compared to 450.0 for New York City overall. The overall cancer mortality rate (age-adjusted) is 153.5 per 100,000 for Staten Island, compared to 138.9 per 100,000 for New York City overall and 149.2 for New York State (NYS DOH, 2013-2015). The age-adjusted lung cancer incidence rate (per 100,000) is 67.0 for Staten Island, compared to 47.8 for New York City overall. The

¹ For each of these indicators, data specific to the North Shore is presented when available. For many indicators, data at the neighborhood level is not available; therefore, data for all of Staten Island is used.

lung cancer mortality rate (age-adjusted) is 40.7 per 100,000 for Staten Island, compared to 29.4 per 100,000 for New York City (NYS DOH, 2012-2014).

Chronic Lower Respiratory Disease: The age-adjusted mortality rate due to chronic lower respiratory disease (per 100,000) is 28.2 for Staten Island, compared to 19.5 for New York City (NYS DOH, 2016). The chronic lower respiratory disease mortality rate is even higher for the North Shore at 33.9 per 100,000 (New York City Department of Health and Mental Hygiene, 2009-2013).

Asthma: The North Shore has the highest asthma hospitalization rate among children ages 5-14 on Staten Island. For children ages 5-14, the asthma hospitalization rate per 10,000 for North Shore neighborhoods is 25, compared to 15 for Staten Island overall (NYS DOH, 2012-2013). The asthma hospitalization rate for adults is also comparatively high. The adult avoidable asthma hospitalization rate per 100,000 for North Shore neighborhoods is 315, compared to 209 for Staten Island (NYS DOH, 2012). According to the NYS DOH (2013-2014), 13.1% of adults on Staten Island are living with asthma, compared to 8.8% of adults in New York City overall.

CHCR is proposing to increase access to health care for underserved populations through a new FQHC facility to be constructed on the brownfield site. Access to affordable, culturally and linguistically appropriate care will enable high risk populations to receive health care, including screening and treatment for diseases associated with exposure to brownfield contaminants.

(3) Disproportionately Impacted Populations

Much of the North Shore is industrialized, which when paired with the fumes being exuded from the factories of New Jersey, contributes to the fact that Staten Island has the worst smog and poorest air quality in all of New York City. The American Lung Association's 2018 "State of the Air" report gave an "F" grade to Staten Island in ozone pollution. According to the NYS DOH, the lung cancer mortality rate (2012-2014) is 38% higher on Staten Island than in the city as a whole. Although the North Shore represents a geographically small area (5.2 square miles), there are approximately 21 sites that the EPA has identified as contaminated in the service area. All 21 sites are located within 70 feet of homes and apartment buildings. Many contaminants and toxic substances have been found polluting the North Shore, including:

- **Uranium:** In 2008, the EPA found more than 200 times the uranium radiation level required to trigger a cleanup in the service area.
- **Lead:** The service area is home to the former Jewett-White lead factory. After years of sitting untouched, two years ago the EPA determined that there was 12 times the acceptable level of lead at the site. The North Shore is consistently documented as having one of the highest rates of children testing positive for elevated lead levels in New York City, branding the area one of the city's "lead belts."
- **Air Pollution:** As noted above, the North Shore has the worst smog in all of New York City.

Based on the 2000 Census, the New York State Department of Environmental Conservation (NYSDEC) designated the majority of the North Shore as a Potential Environmental Justice community based on demographic and economic indicators. In 2009, the EPA named the North Shore an Environmental Justice Showcase Community, one of just ten in the country. Each of the ten selected regions consists of communities that suffer from multiple environmental

concerns, such as disproportionate environmental health burdens, population vulnerability and limits to effective participation in decisions with environmental and health consequences. The EPA described the North Shore as "a former industrial community that contains abandoned, contaminated, and regulated properties along the waterfront." As detailed above, multiple toxic sites in the North Shore are contributing to poor health outcomes among the target population.

In addition to cleaning up an existing brownfield site in the North Shore, CHCR will directly address threats to the residents of this area through the construction of a FQHC site. CHCR's FQHC site will increase access to health care services, regardless of inability to pay, for the low income population of the North Shore that is suffering from the negative environmental consequences resulting from industrial and commercial operations.

b. Community Engagement

i. Project Involvement and ii. Project Roles

Name of organization/entity	Point of contact (name, email & phone)	Specific involvement in the project or assistance provided
New York City - Staten Island Community Board 1 (District #49)	Joseph Carroll, District Mgr. Jcarroll@cb.nyc.gov (718) 981-6900	The CB1 will assist CHCR with outreach to residents, small businesses, religious and civic associations, and related groups.
Staten Island Economic Development Corporation (SIEDC)	Cesar Claro, Executive Director cesar@siedc.org (718) 477-1400	The SIEDC will provide technical assistance and resources for neighborhood development to CHCR throughout the project.
Northfield Local Development Corp. of Staten Island (LDC)	Joan Catalano, Exec. Director northfieldldc.jcat17@gmail.com (718) 442-7351 ext. 223	The LDC will provide support for community engagement to CHCR throughout the project.

iii. Incorporating Community Input

CHCR's plan for communicating project progress to the local Staten Island community, the various stakeholder groups that will be involved in the project, local Staten Island elected leaders, and community residents and businesses within close proximity of the project, through the distribution of monthly progress reports sent through electronic mail, and public presentations every four months (not to exceed three times per calendar year). The copies of CHCR's progress reports will also be distributed through various community locations such as Port Richmond's Faber Park, the Port Richmond and Mariners Harbor libraries, the Gerard Carter Community Center, and CHCR's health center locations and website. As an alternative to in-person community engagement and other social distancing guidelines limiting group meetings in New York City, CHCR will host virtual meetings through its corporate Zoom account.

CHCR's plan for incorporating community input, discussion and feedback into its project is not only centered during the permitting and zoning process. Instead, we are focused on meeting with the public and consolidating advice from a diverse range of viewpoints from stakeholders through every phase of the project. For example, CHCR hosted its Virtual Public Meeting on October 13, 2020 through its Zoom platform, and this interactive meeting was attended by 26 individuals. CHCR maintains a log of participants, including a "chat" log for all questions and

inquiries from the public. CHCR’s notice to the public was published in the print and online versions of the local Staten Island Advance newspaper on October 5, 2020, October 9, 2020, and October 13, 2020, respectively. The public notice also included, in part, information for how to provide written comments including the contact information for CHCR’s CEO. Lastly, CHCR will also refer the EPA’s Public Participation Guide tools to provide members of the public with information to understand the 17 Grove Avenue project, obtain public input into the decision process, and bring people together for shared learning and consensus building.

3. TASK DESCRIPTIONS, COST ESTIMATES, AND MEASURING PROGRESS

a. Description of Tasks/Activities and Outputs

The overall strategy for remediation is that CHCR will conduct supplemental delineation, targeted “hot spot” excavation and disposal, cap-by-function using the proposed site development, installation of a vapor barrier beneath the proposed structure, and post-remediation ground water monitoring. The overall strategy for ground improvement within the proposed building pad and pavement areas includes overexcavation of unsuitable existing fill materials and replacement/recompaction with imported structural soils. This approach includes:

Task/Activity 1: Supplemental Remedial/Phase II Investigations
i. Project Implementation <ul style="list-style-type: none"> • Preparation of Supplemental Remedial/Phase II Investigation Work Plan including (3 deliverables): 1. Technical Work Plan (proposed sample locations, depths, drilling and sample collection methodology, analytical requirements, implementation schedule, etc.); 2. Quality Assurance Project Plan; 3. Health and Safety Plan. • Implementation of Supplemental Remedial Investigation Activities (5 deliverables): 1. Additional delineation of source area via soil and ground water sampling (6 additional soil borings with twelve samples for TCL/TAL parameters, two additional ground water monitoring wells sampled for TCL/TAL parameters); 2. Survey of supplemental soil and ground water sample locations for ground water flow analysis and mapping; 3. Investigation derived waste management (characterization and disposal of drill cuttings and purge water from soil borings/monitoring wells); 4. Third Party Data Validation of soil and ground water laboratory data packages; 5. Preparation of a Remedial Investigation Report.
ii. Anticipated Project Schedule: Task/Activity Duration - 12 months (including work plan preparation, implementation of the work plan, data analysis, and reporting)
iii. Task/Activity Lead: Qualified Environmental Professional/NYS Professional Geologist
iv. Outputs: Supplemental Remedial Investigation/Phase II Work Plan (Technical Work Plan, Quality Assurance Project Plan, and Health and Safety Plan)
Task/Activity 2: Remedial Action Planning
i. Project Implementation <ul style="list-style-type: none"> • Analysis of Brownfield Cleanup Alternatives • Preparation of Remedial Action Work Plan (4 deliverables): 1. Technical Work Plan; 2. Quality Assurance Project Plan; 3. Health and Safety Plan; 4. Community Air Monitoring and Fugitive Dust Plan.
ii. Anticipated Project Schedule: Task/Activity Duration - 6 months
iii. Task/Activity Lead: Qualified Environmental Professional/NYS Professional Geologist
iv. Outputs: Analysis of Brownfield Cleanup Alternatives, Remedial Action Work Plan

(Technical Work Plan, Quality Assurance Project Plan, Health and Safety Plan, Air Monitoring Plan)
Task/Activity 3: Remedial Action Implementation
<p>i. Project Implementation</p> <ul style="list-style-type: none"> • Site Remediation (7 deliverables): 1. Excavation, characterization, transportation, and disposal of petroleum impacted soils in Source Area; 2. Post-excavation endpoint soil sampling for documentation/demonstration of remedial effectiveness; 3. Light Non-Aqueous Phase Liquid recovery via vacuum truck during soil excavation activities; 4. Containerization and disposal of petroleum impacted ground water during remedial excavation activities; 5. Backfill remedial excavation areas with clean, suitable material; 6. Installation of Vapor Barrier and passive venting layer beneath proposed building to prevent vapor intrusion and limit potential migration of contaminants into future Site building; 7. Preparation of Remedial Action Report. • Remedial Action Monitoring (2 deliverables): 1. Installation of ground water monitoring wells to monitor post-remediation ground water conditions; 2. Collection of ground water samples from post-remediation monitoring wells (8 quarterly sampling events) to demonstrate decreasing/stable trends in contaminant concentration. • Preparation of Quarterly Ground Water Monitoring Remedial Action Monitoring.
ii. Anticipated Project Schedule: Task/Activity Duration - 42 months (18 Months active remediation/construction, 24 months of ground water monitoring)
iii. Task/Activity Lead: Qualified Environmental Professional/NYS Professional Geologist
iv. Outputs: Remedial Action Report, Quarterly Ground Water Monitoring Reports
Task/Activity 4: Overexcavation and Replacement/Recompaction of Unsuitable Existing Fill Materials
<p>i. Project Implementation</p> <ul style="list-style-type: none"> • Site Preparation/Ground Improvement: Geotechnical ground improvement within proposed building pad and pavement areas in order to provide suitable subgrades for structural support will include overexcavation and exportation of unsuitable soils, proofroll inspections to determine the extent of overexcavation required, geotechnical laboratory analyses (Proctor and classification tests), and imported structural backfill placement and compaction. Environmental characterization of soil and groundwater is not included in this scope, however, is included in the above scopes. Transportation and disposal of unsuitable and contaminated historic fill materials (non-hazardous) within the proposed building footprint and pavement areas are included in this scope. • Special Inspection Monitoring: Special inspection, including geotechnical laboratory analyses and compaction testing, will be performed during imported soil backfill placement to confirm the backfill is placed and compacted in a controlled manner and suitable for proposed building pad and pavement support. • Prepare daily reports including compaction test results and areas of fill placement.
ii. Anticipated Project Schedule: Task/Activity Duration – four weeks
iii. Task/Activity Lead: New York State Professional Engineer
iv. Outputs: Daily site geotechnical testing and inspection reports compiled under supervision of a New York State Professional Engineer with summary letter signed and stamped by a Professional Engineer.

b. Cost Estimates

The table below shows a total budget of \$839,598.00, including \$799,598.00 in EPA funds and \$40,000.00 in cost share (from CHCR cash reserves). Our cost estimates were prepared by professional engineering consulting firms, and developed based on the size of site, type of contamination, extent of the contamination, intended use of the site, cleanup goals, historical cost analysis, and remedial action cost engineering and requirements.

Cost estimates for Task 1 include: *Personnel*: 128.52 hours at an average rate of \$183.50/hour = \$23,584.00; *Travel*: Two CHCR representatives to attend the National Brownfields Training Conference including registration fee for nonprofits (\$150.00 each times 2), roundtrip air flight from NY/NJ area (\$800.00 each times 2), hotel stay for 5 days at \$240.00/per night (\$1,200.00 each times 2), car service (not to exceed \$100.00 times 2), meals for 5 days (\$50.00 per day times 2) = \$5,000.00; *Contractual*: Driller and laboratory costs calculated based on days and units = \$9,284.00; and *Other*: \$633.00.

Cost estimates for Task 2 include: *Personnel*: 138.86 hours at an average rate of \$183.50/hour = \$25,482.00; *Supplies*: Calculated based on units = \$1,360.00; and *Other*: \$944.00.

Cost estimates for Task 3 include: *Personnel*: 638.51 hours at an average rate of \$183.50/hour = \$117,168.00; *Supplies*: Calculated based on units = \$227.00; *Contractual*: Mobilization and demobilization, excavation, shoring, dewatering, disposal, backfill, and vapor barrier calculated based on units, square footage, and tonnage = \$291,929.00; and *Other*: \$3,411.00.

Cost estimates for Task 4 include: *Personnel*: 386.92 hours at an average rate of \$183.50/hour = \$71,000.00; and *Contractual*: Excavation and replacement of the unsuitable existing fill materials within the building pad calculated based on cubic yards = \$211,500.00.

Budget Categories		Project Tasks (\$)				Total
		Task (1) Supplemental Remedial/Phase II Investigations	Task (2) Remedial Action Planning	Task (3) Remedial Action Implementation	Task (4) Overexcavation and Replacement	
Direct Costs	Personnel	\$23,584.00	\$25,482.00	\$117,168.00	\$71,000.00	\$237,234.00
	Fringe Benefits	\$0	\$0	\$0	\$0	\$0
	Travel	\$5,000.00	\$0	\$0	\$0	\$5,000.00
	Equipment	\$0	\$0	\$0	\$0	\$0
	Supplies	\$0	\$1,360.00	\$227.00	\$0	\$1,587.00
	Contractual	\$9,284.00	\$0	\$291,929.00	\$211,500.00	\$512,713.00
	Other:	\$633.00	\$944.00	\$3,411.00	\$0	\$4,988.00
	Communication					
Total Direct Costs		\$38,501.00	\$27,786.00	\$412,735.00	\$282,500.00	\$761,522.00
Indirect Costs		\$1,925.00	\$1,389.00	\$20,637.00	\$14,125.00	\$38,076.00
Total Federal Funding		\$40,426.00	\$29,175.00	\$433,372.00	\$296,625.00	\$799,598.00
Cost Share		\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$40,000.00
Total Budget		\$50,426.00	\$39,175.00	\$443,372.00	\$306,625.00	\$839,598.00

c. Measuring Environmental Results

Environmental results will be measured through empirical environmental media sampling. Septically during soil activities, post-excavation soil samples will be collected and analyzed by a certified lab for the site contaminants of concern. Final soil cleanup will be demonstrated through post-excavation soil samples that comply with the NYSDEC soil cleanup objectives. Similarly, the remediation of ground water will be demonstrated through continuous ground water quality sampling. The ultimate outcome will be remediation of the site to facilitate the construction of a new community health center facility.

4. PROGRAMMATIC CAPABILITY AND PAST PERFORMANCE

a. Programmatic Capability

i. Organizational Structure/Experience & ii. Key Staff

CHCR is under the active leadership of a Board of Directors. The Board oversees CHCR's CEO who leads a highly skilled Management Team. The Management Team has the experience and expertise to oversee the site assessment, remediation, and construction of the new Grove Avenue health center. Management Team members overseeing the Grove Avenue project include:

Dr. Henry Thompson has served as **Chief Executive Officer (CEO)** of CHCR since November 2009. Dr. Thompson is a senior health care executive with over 22 years experience in strategic planning, profit/loss, revenue growth, organizational development, process improvement, cost savings, project management, community partnerships, and regulatory compliance. Dr. Thompson has successfully overseen each of the construction projects detailed below. Dr. Thompson will be the Project Director and will be responsible for oversight of the EPA Multipurpose project, including all administrative requirements. He will ensure activities are successfully completed within the established timeline and that all goals are achieved.

Mr. Benito Lindo has served as **CHCR's Chief Financial Officer (CFO)** since January 2011 and has over twenty years of financial management experience, including establishing financial accounting systems, federal reporting, and internal financial controls. Mr. Lindo has overseen the financial components for each of our construction projects (detailed below), including budgeting, patient/visit projections, financial forecasting, and financing options. Mr. Lindo will oversee all fiscal aspects and requirements of the EPA Multipurpose grant, including ensuring that the project remains within budget and completion of required fiscal reporting.

We will also work with Woodard & Curran, Inc. (environmental engineer) and Whitestone Associates, Inc. (geotechnical engineer), will be responsible for implementation of the technical aspects of the project. Woodard & Curran is an integrated engineering, science, and operations company that has provides environmental investigation and remediation services. Their technical expertise is in brownfield redevelopment, remedial design, and clean-up execution. They have successfully completed many brownfield remediations in New York and nationally. Whitestone Associates has over 25 years of providing integrated environmental and geotechnical engineering and consulting services to a diverse client base. Whitestone is a certified NYC special inspection agency (001475) that recently completed special inspections at several sites in New York City during overexcavation of environmentally impacted/unsuitable soils, followed by placement and compaction of imported certified clean structural backfill materials.

iii. Acquiring Additional Resources

As an FQHC that receives ongoing federal funding, CHCR has policies and procedures in place to ensure that all expenditures, acquisitions, and procurements follow all Code of Federal Regulations requirements. Specifically, CHCR's Requisitioning, Purchasing, and Receiving Policy includes procedures that meet general procurement standards for contract provisions. This includes thresholds and criteria for when competitive bidding must occur, as well as the bidding process that must be followed. The policy also includes steps that CHCR takes to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. The policy also outlines restrictions against contracting with those who have a potential conflict of interest. CHCR's existing policies and procedures will be followed when acquiring additional expertise and resources needed to complete the proposed project.

b. Past Performance and Accomplishments

i. Currently Has or Previously Received an EPA Brownfields Grant – Not Applicable.

ii. Has Not Received an EPA Brownfields Grant but has Received Other Assistance Agreements

(1) Purpose and Accomplishments

CHCR has successfully implemented multiple construction projects, all located in the North Shore, and focused on expanding access to care for underserved populations. Following assessment and clean-up activities, construction of the new site will follow CHCR's established and successful construction processes. CHCR's most recent federally funded projects include:

135 Canal Street, Suite 200, Staten Island, New York (Opened in 2018): CHCR was awarded grants from HRSA/BPHC through New Access Point funding (\$566,667.00) and Oral Health Service Expansion funding (\$350,000.00); this project involved the interior build-out for 2,903 square feet of leased medical and dental office space.

135 Canal Street, Suite 300, Staten Island, New York (Opened in 2016): CHCR successfully managed a \$2.79 million grant from HRSA/BPHC through the Capital Development-Building Capacity program for the interior build-out for 5,000 square feet of leased medical office space.

439 Port Richmond Avenue, Staten Island, New York (Opened in 2014): CHCR managed \$487,500 from HRSA/BPHC New Access Point funds and \$4.9 million from the New York State Dept. of Health to purchase/renovate a 2-story 5,560 square foot building into a health center.

(2) Compliance with Grant Requirements

All three construction projects described above are complete and fully operational as of the dates indicated. For each project, all expected results were achieved and final reports were submitted.

In addition to multiple one-time federal awards to support construction, as an FQHC, CHCR receives ongoing federal funding to support health center operations. This experience has provided us with expertise to ensure timely and acceptable reporting to federal agencies. Regular reports that CHCR must submit to federal HRSA/BPHC authorities include: Non-Competing Continuation Reports, Federal Financial Reports, independent financial audits, quarterly programmatic reports, and Uniform Data System reports. CHCR has the infrastructure and systems in place to ensure compliance with all EPA grant requirements and reporting.

iii. Never Received Any Federal or Non-Federal Assistance Agreements – Not Applicable.

Community Health Center of Richmond

POLICIES AND PROCEDURES

DEPT/OPS AREA: Human Resources	POLICY NAME: Employee Grievance Process	POLICY NUMBER: HR 107
EFFECTIVE (ORIGINAL) DATE: August 1, 2010		REVISED DATE: January 1, 2018
APPROVAL DATE: December 18, 2017	DATE REVIEWED: December 18, 2017	APPROVED BY: CHCR Board of Directors

RESPONSIBLE PERSON

Senior Director, Finance and Benefits Administration

GOALS

The goal of the Employee Grievance Process policy is to create and support a positive work environment at the Community Health Center of Richmond, Inc. (CHCR) by providing an equitable process for employees to present grievances related to their employment in an effective, timely and respectful manner. Those employees whose positions are covered by the CHCR / 1199SEIU collective bargaining agreement shall follow the grievance procedures set forth in that agreement.

DEFINITIONS

Grievance - A grievance is any complaint that employees have about disciplinary action, work assignments, interpretation or application of policies and procedures, or other employment issues. Performance evaluations, existing CHCR policies and procedures, and personal conflicts with co-workers and supervisors are not grievable issues.

PROCEDURES

Any employee who believes that the policies, procedures and practices as set forth by CHCR have been improperly or inequitably applied, or not followed, is encouraged to verbally state a complaint and discuss it with the individual(s) with whom he or she has the complaint. Efforts are made to resolve issues at the individual level whenever possible.

Informal Resolution: Employees are expected to try to resolve issues and conflicts by discussing them informally and promptly with their immediate supervisor as they arise. Supervisors are

responsible for listening to and responding to their employees' questions and/or concerns in a timely manner. If the employee complaint is about his/her supervisor, the employee may request an informal meeting with the Senior Director, Finance and Benefits Administration.

Formal Resolution: If the issue has not been resolved to the employee's satisfaction through the informal process, the employee may choose to file a formal grievance with the Senior Director, Finance and Benefits Administration. The formal grievance must be filed within 30 days of the incident or the complaint will be deemed to be abandoned. The grievance must be in writing, and should include any appropriate documentation, including details of the issue, dates, witnesses, etc. Employees are also required to specify the remedy they are seeking as an outcome of the grievance.

The Senior Director, Finance and Benefits Administration schedules a meeting to discuss the grievance with the employee. The Senior Director, Finance and Benefits Administration interviews other appropriate staff and/or witnesses, and reviews all documentation. The Senior Director, Finance and Benefits Administration renders a written decision within ten (10) working days of receipt of the written grievance. This written decision is filed in the Human Resources office, NOT in the employee's personnel file.

Appeal Process: Should the employee still believe that the grievance is not resolved, the employee may appeal to the Chief Executive Officer (CEO). The CEO schedules a meeting to discuss the grievance with the employee. The CEO renders a written decision within ten (10) working days of the employee meeting, and forwards a copy of the decision to Human Resources and the employee. Unless the CEO is the subject of the grievance (see Special Circumstances section below), the CEO's decision on all employee grievances is final.

Special Circumstances: In the event that the grievance involves the Senior Director, Finance and Benefits Administration, and that the grievance cannot be resolved directly with the Senior Director, Finance and Benefits Administration, the grievance may be filed directly with the CEO. In the event that the grievance involves the CEO, and that the grievance cannot be resolved directly with the CEO, the employee may present the grievance to the Executive Committee of the Board of Directors. The Executive Committee's decision is final.

Confidentiality: The grievance and all information related to the grievance process are kept confidential.

REVIEW

The overall performance of the organization in meeting the objectives of this policy is assessed by the Senior Director, Finance and Benefits Administration. The evaluation consists of review of this policy bi-annually, or more frequently as needed.

REFERENCES

Federal Whistleblower Protection Act of 1989

RELATED CHCR POLICIES

Other Related CHCR Documents:

- CHCR 1199 Collective Bargaining Agreement

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

10/28/2020

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

NEW YORK

8. APPLICANT INFORMATION:

* a. Legal Name:

COMMUNITY HEALTH CENTER OF RICHMOND, INC.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

8006168510000

d. Address:

* Street1:

439 Port Richmond Avenue

Street2:

* City:

Staten Island

County/Parish:

Richmond

* State:

NY: New York

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

10302-1714

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr .

* First Name:

HENRY

Middle Name:

* Last Name:

THOMPSON

Suffix:

Title:

CEO

Organizational Affiliation:

COMMUNITY HEALTH CENTER OF RICHMOND, INC.

* Telephone Number:

7189242254

Fax Number:

7184420189

* Email:

HTHOMPSON@CHCRICHMOND.ORG

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-20-05

* Title:

FY21 GUIDELINES FOR BROWNFIELD MULTIPURPOSE (MP) GRANTS

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

CHCR 17 GROVE AVENUE

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant NY-011

* b. Program/Project NY-011

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2021

* b. End Date: 03/31/2026

18. Estimated Funding (\$):

* a. Federal	799,598.00
* b. Applicant	40,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	839,598.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: HENRY

Middle Name:

* Last Name: THOMPSON

Suffix:

* Title: CEO

* Telephone Number: 7189242254 Fax Number: 7184420189

* Email: HTHOMPSON@CHCRICHMOND.ORG

* Signature of Authorized Representative: Benito S Lindo

* Date Signed: 10/28/2020